

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10031671 FILING DATE _____
APPLICANT(S) _____

CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1					
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TOTAL DEP.					
TOTAL CLAIMS					

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TOTAL IND.					
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TOTAL CLAIMS					